



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, Governor
Connie L. O'Connell, Commissioner

Wisconsin.gov

121 East Wilson Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-3585 • Fax: (608) 266-9935
E-Mail: information@oci.state.wi.us
Web Address: oci.wi.gov

Notice of Adoption and Filing of Examination Report

Take notice that the proposed report of the market conduct examination of the

Midwest Security Life Insurance Company
2700 Midwest Drive
Onalaska, WI 54650-8764

dated March 10-March 30, 2001, and served upon the company on April 3, 2002, has been adopted as the final report, and has been placed on file as an official public record of this Office.

Dated at Madison, Wisconsin, this 24th day of October, 2002.

Connie L. O'Connell
Commissioner of Insurance

MidwestSecLifeAdpFm.doc

**Report
of the
Market Conduct Examination of
Midwest Security Life Insurance Company
Onalaska, Wisconsin
March 19 – March 30, 2001**

TABLE OF CONTENTS

	Page
I. INTRODUCTION	1
II. PURPOSE AND SCOPE	3
III. CURRENT EXAMINATION FINDINGS	6
IV. SUMMARY OF RECOMMENDATIONS	22
V. CONCLUSION	26
VI. ACKNOWLEDGMENTS	27



State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Scott McCallum, Governor
Connie L. O'Connell, Commissioner

Wisconsin.gov

Bureau of Market Regulation
121 East Wilson Street • P.O. Box 7873
Madison, Wisconsin 53707-7873
(608) 266-3585 • (800) 236-8517
Fax: (608) 264-8115
E-Mail: marketreg@oci.state.wi.us
Web Address: oci.wi.gov

March 30, 2001

Honorable Connie L. O'Connell
Commissioner of Insurance
Madison, Wisconsin

Commissioner:

Pursuant to your instructions and authorization, a market conduct examination was made March 19, through March 30, 2001, of:

MIDWEST SECURITY LIFE INSURANCE COMPANY
2700 Midwest Drive
Onalaska, Wisconsin 54650

The report of this examination is herein respectfully submitted.

I. INTRODUCTION

Midwest Security Life Insurance Company (MSLIC) was incorporated in September of 1972 and commenced business in March of 1973. Originally incorporated as Golden Investors Life Insurance Corporation, in 1976 the name was changed to Knickerbocker Life Insurance Company of Indiana. During 1981, the name was changed to Omnivest Life Insurance Company, and in 1986 the present title was adopted. During 1993, the company redomesticated from Indiana to Wisconsin. Effective December 31, 1985, all outstanding stock of the company was acquired by R. W. Houser, Inc., an insurance holding company located in Onalaska, Wisconsin. MSLIC offers group life and accident and health products, as well as individual annuities to the small employer market. The majority of MSLIC's business is generated from Wisconsin, Michigan, Indiana, and Illinois, and the products are marketed primarily toward small group employers. MSLIC offers its managed care product, a PPO policy, in Wisconsin, and, according to the 2000 edition of A. M. Best, the company is continuing to convert the traditional indemnity health care business to managed care in its core business of group accident and health products.

The majority of the premium written by the company in both 1999 and 2000 was group accident and health insurance. The company did not rank in the top twenty writers in Wisconsin for either 1999 or 2000. The 2000 edition of A. M. Best stated, "...over nine-tenths of its net premium revenue provided by its core managed care group medical insurance products and nearly four-fifths of its premium revenue generated in just the two states of Wisconsin and Michigan."

Table A: Premium and Loss Ratio Summary

Wisconsin Business		2000		
Line of Business	Premium	% of Total	Loss Expenses	Loss Ratio
Group and Individual Health	76,091,965	100%	55,943,174	73.52%
Total	76,091,965	100%	55,943,174	73.52%

Wisconsin Business		1999		
Line of Business	Premium	% of Total	Loss Expenses	Loss Ratio
Group and Individual Health	\$58,746,556	100%	\$50,420,638	85.83%
Total	\$58,746,556	100%	\$50,420,638	85.83%

II. PURPOSE AND SCOPE

The Market Regulation Bureau conducted this examination to determine whether MSLIC's practices and procedures comply with Wisconsin insurance statutes and administrative codes.

This examination focused on the group accident and health and individual accident and health lines of business but did not include the life insurance line. The scope of the examination was limited to the business for the period of January 1, 1999, through December 31, 2000. Specifically, the examination focused on the following areas:

- Claims and Claims Processing
- Company Operations/Management
- Complaints and Complaint Handling
- Grievances and Grievance Procedures
- Managed Care
- Marketing and Sales/E-Commerce
- New Health Business
- Policy Forms
- Policyholder Service
- Producer Licensing
- Underwriting & Rating

Complaints

During the year of 2000, OCI received 81 complaints involving MSLIC. As of the date of this report, 25 complaints have been received involving this company for 2001. In addition, the total number of complaints received in 2000, increased by 6% from 76, the number of complaints received in 1999.

For the years of 1999 and 2000, the company received the majority of its complaints in group accident and health, specifically in claims. Nineteen of the complaints received so far in 2001 for MSLIC involve claims or claim handling.

The 2000 Wisconsin average was .05 complaints per \$100,000 of written premium for all group accident and health insurance business in the state. MSLIC was on OCI's above-average complaint summary for both 1999 and 2000. In 1999 MSLIC had 76 complaints, had a complaint ratio of .13, and ranked 16th out of the top 20 companies on OCI's above-average complaint summary. In 2000, MSLIC

had 81 complaints, a complaint ratio of .14, and ranked 14th out of the top 20 companies on OCI's above-average complaint summary.

Complaints Received

2001						
Reason Type	Total	Underwriting	Claims	Marketing & Sales	Policyholder Service	Other
Coverage Type	Number	Number	Number	Number	Number	Number
Health	0	0	0	0	0	0
Individual A&H	0	0	0	0	0	0
Group A&H	13	1	9	1	1	1
Credit A&H	0	0	0	0	0	0
HMO	0	0	0	0	0	0
PPO	0	0	0	0	0	0
LSHO	0	0	0	0	0	0
All Others	0	0	0	0	0	0
Total	13	1	9	1	1	1

2000						
Reason Type	Total	Underwriting	Claims	Marketing & Sales	Policyholder Service	Other
Coverage Type	Number	Number	Number	Number	Number	Number
Health	0	0	0	0	0	0
Individual A&H	7	1	2	0	0	4
Group A&H	66	4	41	0	6	15
Credit A&H	0	0	0	0	0	0
HMO	0	0	0	0	0	0
PPO	0	0	0	0	0	0
LSHO	0	0	0	0	0	0
All Others	4	0	3	0	1	0
Total	77	5	46	0	7	19

1999						
Reason Type	Total	Underwriting	Claims	Marketing & Sales	Policyholder Service	Other
Coverage Type	Number	Number	Number	Number	Number	Number
Health	0	0	0	0	0	0
Individual A&H	0	0	0	0	0	0
Group A&H	69	4	45	0	5	15
Credit A&H	0	0	0	0	0	0
HMO	0	0	0	0	0	0
PPO	0	0	0	0	0	0
LSHO	0	0	0	0	0	0
All Others	5	0	3	0	2	0
Total	74	4	48	0	7	15

The majority of the OCI complaints involve claims administration.

Grievances

The grievance report for 1999 indicates the company received 39 grievances, of which 5 or 12.82% were reversed. The majority of the grievances filed with the company in 1999 were related to medical necessity.

The grievance report for 2000 indicates the company received 117 grievances, of which 24 or 20.51% were reversed. The majority of the grievances filed with the company in 2000 were related to medical necessity. None of the grievances filed for 1999 or 2000 resulted in an administrative change.

Table C itemizes the two previous years' grievance numbers.

Table C: Grievances

Categories	2000		1999	
	Number	Reversed	Number	Reversed
Out-of-Network Provider	0	0	5	0
Prescription Drug	0	0	4	1
Preexisting Condition	2	1	1	1
Out-of Area Emergency	0	0	0	0
Emergency Room	0	0	0	0
Durable Medical	2	0	0	0
No Preauthorization	9	1	0	0
Non-covered Benefit	25	2	2	1
Not Medically Necessary	45	5	14	1
Usual and Customary Charges	0	0	0	0
Request for Preauthorization	0	0	0	0
Request for Referral	0	0	0	0
Maximum Benefit Reached	0	0	0	0
Other	25	15	12	1
Unknown Resolution	9	0	1	0
TOTAL	117	24	39	5

III. CURRENT EXAMINATION FINDINGS

Company Management and Operation

Midwest Security Life Insurance Company (MSLIC) is a stock company that during the period of the examination was licensed to do business in 29 states, and reported written premium in Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, and Wisconsin. MSLIC contracts with seven provider networks in Wisconsin, which are: Prevea Health Network, Wisconsin Preferred Provider Network, The Alliance, Health Care Network, Select Care, Preferred One, and Touchpoint Health Plan. These networks provide services in the following 63 counties in Wisconsin: Adams, Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Chippewa, Clark, Columbia, Dane, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Fond Du Lac, Forest, Grant, Green, Green Lake, Iowa, Iron, Jefferson, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Rock, Rusk, Sauk, Sawyer, Shawano, Sheboygan, St. Croix, Taylor, Trempealeau, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood.

The examiners reviewed the management agreement between R. W. Houser, Inc. and MSLIC. The employees for MSLIC and certain management services are provided, through contract, by R. W. Houser, Inc. The examiners reviewed the Health Care Utilization Review Agreement between Midwest Security Care, Inc. and MSLIC, for the former to provide utilization review and case management. Utilization review includes preadmission certification for medical and surgical admissions, procedure precertification, continued stay medical and surgical review, case management services, preadmission certification for mental health and chemical dependency admissions, continued stay mental health and chemical dependency review, notification to facilities and providers of noncertification, and a provider appeal process. The examiners reviewed an agreement between MSLIC and an insurance agency regarding selling the company's product and to specify the authority granted to the agency, premium collection, advertising, employing subagents, agent compensation, the company's right to audit, termination, and other general provisions.

The examiners reviewed the provider network agreements between MSLIC and its seven contracting networks. These agreements address the medical services to be provided by the networks

and address the payments to participating providers. However, most of the agreements do not specifically address Wisconsin's managed care regulations. Further discussion is contained in the Managed Care section of this report.

MSLIC stated that although its management monitors company activities and processes, no internal audit reports are generated.

Policy Forms

The legal department of MSLIC is responsible for maintaining files for policy forms, updating certificate language, and gaining approval from the OCI for any changes to policy form language.

The examiners requested a list of all policy forms submitted by MSLIC to the OCI for approval during the scope of the exam that had deemed approved. MSLIC verified that no policy forms had been deemed approved during this time period.

The examiners made a comparison of the forms used by MSLIC for its group and individual health insurance with OCI's database of MSLIC approved forms while reviewing 143 new business files for large group and individuals. The examiners found instances in which, during the time period of the exam, MSLIC used six forms ((SLIP.004 0593, MSLM10(0399), MSLM10(1299), MSLM10(0696), MNLM04(1099)WI, and MNLM04(11-97)WI)) that had not been approved for use by OCI. MSLIC offered no explanation why these six forms were not approved for use by the OCI and stated that it was an oversight that the forms had not been approved prior to use.

1. It is recommended that MSLIC submit all forms subject to s. 631.01 (1), Wis. Stat. to the commissioner for approval prior to their use as required by s. 631.20, Wis. Stat.

MSLIC uses an enrollment form (MNGH27 0198) that does not contain language that specifies the length of time for which the authorization remains valid, or that advises that the individual, or an authorized representative of the individual is entitled to receive a copy of the completed authorization form.

2. It is recommended that MSLIC rewrite the language in the enrollment form (MNGH27 0198) to comply with ss. 610.70 (2) (a) 7 and 8, Wis. Stat., and refile the form with OCI for approval within 30 days after this report is adopted.

The examiners reviewed MSLIC certificate form GH 862C (12/98) WI. This certificate contains language regarding mandatory and binding arbitration. This language is not compliant with s. 631.83 (3)

(a), Wis. Stat., which states that no insurance policy may limit the time for beginning an action on the policy to a time less than that authorized by the statutes.

3. It is recommended that MSLIC amend certificate GH 862C (12/98) WI in order to comply with s. 631.83 (3) (a), Wis. Stat., and refile the form with OCI for approval within 30 days after this report is adopted.

The examiners reviewed the medical examination questionnaire (SLIP.004 0593) used, at the discretion of the MSLIC underwriting department, as part of underwriting any fully insured product or term life insurance. This questionnaire contains AIDS/HIV language that does not comply with s. 631.90 Wis. Stat., and s. Ins 3.53, Wis. Adm. Code in that the company asks, "Have you ever been treated for or ever had any known indication of: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), AIDS Related Conditions, positive HIV test, or any other sexually transmitted disorder?"

4. It is recommended that MSLIC amend the language in medical examination questionnaire SLIP.004 0593 to be compliant with s. 631.90 Wis. Stat. and s. Ins 3.53 (4), Wis. Adm. Code., and refile the form with OCI for approval within 30 days after this report is adopted.

Marketing and Advertising/E-Commerce

All advertising done by MSLIC is handled within the company's Marketing Department. The company does not do any specific product or direct customer advertising. The examiners reviewed the company display advertisements for various charitable community events that it supports, such as a display ad in the program for a local theatre group as well as the company sales brochures for each of its products that agents use to market the various plans. Agents are authorized to advertise the company's products only after receiving written approval to do so. Copies of these approvals are maintained in the agent's file. Community event program display ads and sales brochures are advertisements as defined by s. Ins 3.27 (5), Wis. Adm. Code. The company stated that because it does not do any specific product or direct customer advertising that it does not retain advertising files as required by s. Ins 3.27 (28), Wis. Adm. Code. One exception was written.

5. It is recommended that MSLIC institute procedures to ensure that there is a complete file in which advertisements are kept as required by s. Ins 3.27 (28), Wis. Adm. Code.

MSLIC exclusively uses independent agents for sales. Leads for solicitation are only referred to an agent in an area where a prospective group has expressed interest in a MSLIC product. Sales reports

are not distributed to agents and are used for internal purposes only. A quarterly agent newsletter is distributed by MSLIC to the agents and agencies under contract with MSLIC. These newsletters are used, along with personal letters and email, to communicate changes in insurance laws. The examiners reviewed a sample of 5 newsletters. No exceptions were noted.

The MSLIC marketing department oversees the company's Internet and World Wide Web activities. The company uses only the URL of www.midwestsecurity.com.

The examiners reviewed the e/commerce interrogatory and visited the company website on the Internet. The MSLIC website offers background information about MSLIC, information regarding products and networks, email inquiry ability, and product applications and add/change forms for downloading by agents. MSLIC updates the website information on a daily basis. The company does not accept electronically submitted applications for coverage. MSLIC requires its agents to obtain company authorization and written approval before advertising company products on the Internet, but the company does not monitor the websites of its agents. The examiners conducted a search on the Internet for agent sites mentioning MSLIC. No sites were found. The company does not maintain an advertising file for its website advertising. Although the MSLIC website doesn't have the capability to receive personal or secure information, the company plans to add in the future the ability for members to inquire on benefit levels, eligibility or the status of claims.

6. It is recommended that the company develop and implement procedures to monitor or control its agents' web sites to ensure their compliance with s. Ins 3.27, Wis. Adm. Code.
7. It is recommended that the company maintain hard copy screen prints of any web site pages in its advertising file as required by s. Ins 3.27 (28), Wis. Adm. Code.

Complaints and Policyholder Service

MSLIC defines a complaint as any non-written dissatisfaction about an insurer or its contracted providers expressed by an enrollee. The complaints received by the company are entered into a handwritten log. The complaint logs are kept in a centralized location for three years.

The company received 86 complaints in 1999 and 77 complaints in 2000. This trend does not coincide with the number of OCI complaints received of 76 in 1999 and 81 in 2000. The examiners requested and reviewed a total of 49 company complaint files for 1999 and 2000. No exceptions were written regarding the internal complaint files. The examiners also reviewed the company's internal complaint procedure. The company acknowledged that the group administration department has a separate procedure and complaint log than the health claims department, both of which are reported to OCI.

The policyholder service department of MSLIC processes updates of policy information, plan changes for groups and individuals, answers inquiries, and works with the finance department to reconcile billing issues. The examiners reviewed the various internal procedures for this department. No exceptions were written.

Grievance Procedure

The company's legal, q-review, and claims departments are responsible for coordinating the grievance process. Other MSLIC departments are involved in the process, as needed depending on the nature of the grievance. MSLIC defines a grievance as, "...any dissatisfaction with the administration, claims practices, or provision of services by a preferred provider plan (PPO) which is expressed in writing to the company by, or on behalf of, an enrollee. "Written correspondence received by MSLIC is routed to a customer service representative (CSR) in either the claims or q-review departments. The CSR conducts a review to determine whether the correspondence is a grievance, an inquiry, or an explanation. The company does not handle written communication that is found to be an inquiry or explanation as a grievance.

Written communication determined to be a grievance is routed to the q-review department from where the grievance acknowledgement/meeting notice letter is sent and the grievance is logged. The grievance coordinator/medical review specialist compiles relevant information to prepare the grievance for

the committee, takes notes during the meetings, and maintains the grievance log. The grievance committee will review only new information that is provided by an enrollee regarding a grievance, and the committee will not make decisions that are exceptions to policies. Grievances are to be resolved within 30 days of receipt of a grievance or within a 60-day period from the grievance received date. A letter of resolution is sent to the grievant that informs the grievant of the resolution of the grievance as well as the titles of the individuals present on the grievance committee. Minutes of the meetings are retained in each grievance file. Grievance files are retained in a secure location at the company for three years. The company stated that it resolves urgent grievances and a resolution letter is sent to the grievant within 72 hours of receiving the grievance, however, although referenced in the written grievance policy, there is no written procedure regarding expedited grievance handling. Information regarding the right to file a grievance is made available to enrollees in the certificate of coverage, in each denial letter, by telephone, or on the explanation of benefits for denied claims. The company does not monitor for patterns in grievances.

The examiners reviewed the 2000 MSLIC grievance report procedure submitted to the OCI as required by s. 632.83 (2) (c), Wis. Stat. The procedure states that the grievance will be acknowledged within 5 days of recording the grievance. The company's grievance procedure does not address notifying an enrollee of the right to file a grievance when the company begins disenrollment proceedings.

8. It is recommended that MSLIC revise its grievance procedure to state a grievance will be acknowledged within 5 days of receipt of the grievance as required by s. Ins 9.33 (3), Wis. Adm. Code.
9. It is recommended that the company develop and implement a written expedited grievance procedure as required by s. Ins 9.33 (6), Wis. Adm. Code.
10. It is recommended that MSLIC revise its grievance procedure to include notifying an enrollee of the right to file a grievance when the company begins disenrollment proceeding in order to comply with s. Ins 9.33 (2), Wis. Adm. Code.

The examiners requested and reviewed 32 grievance files for 1999 and requested 50 files and received and reviewed 49 files for 2000. The examiners found 21 files in which written expressions of dissatisfaction received by MSLIC were not handled as grievances, but were responded to in various ways, which were not in following with the company's present grievance procedure. The company stated

that they have changed their grievance procedure since those grievances were received and similar situations would now be handled according to the grievance procedure.

11. It is recommended that the company comply with s. Ins 9.33, Wis. Adm. Code by handling each written expression of dissatisfaction through the company grievance process.

The examiners found 49 files that were not resolved within 30 days of receipt of the grievance and did not contain an extension letter.

12. It is recommended that the company send extension letters that notify grievants that additional time is needed to resolve the grievance as required by s. Ins 9.33 (4), Wis. Adm. Code.

The examiners found 10 files in which no grievance resolution letter had been sent to the grievant.

13. It is recommended that the company send grievance resolution letters to the grievant as required by s. Ins 9.33 (5) (g), Wis. Adm. Code.

The examiners found 8 files in which the written expression of dissatisfaction did not have a date stamp.

14. It is recommended that the company date stamp written expressions of dissatisfaction to record the received date of the grievance in order to comply with s. Ins 9.33 (7), Wis. Am. Code.

The examiners found 7 files where there was no copy of the grievance meeting notice. The examiners found 3 files that did not contain a copy of the written expression of dissatisfaction.

15. It is recommended that the company retain records for each grievance as required by s. Ins. 9.33 (7) (a), Wis. Adm. Code.

The examiners compared the 1999 and 2000 grievance reports submitted to the OCI as required by s. 632.83 (2) (c), Wis. Stat. to the company's grievance files. It was found that the records in 74 of the 82 grievance files did not match the information reported to the OCI on the yearly grievance reports. The examiners found instances in which the date stamp showed that the grievance was received earlier than the received date shown on the OCI Grievance Report, and other instances where the resolution dates on the resolution letters differed from the resolution date listed on the OCI Grievance Report.

16. It is recommended that MSLIC set up controls to ensure that the Grievance Experience Summary filed annually with the commissioner agrees with supporting documents pursuant to s. 628.34 (1), Wis. Stat.

The examiners reviewed seven contracts that MSLIC has with provider networks. These contracts do not contain a provision under which the provider must identify complaints and grievances and forward these complaints and grievances in a timely manner to the preferred provider plan for recording and resolution.

17. It is recommended that the company include in the contracts it has with provider networks a provision under which the provider must identify complaints and grievances and forward them in a timely manner to the preferred provider plan for recording and resolution as required by s. Ins 9.33 (7) (b), Wis. Adm. Code.

Managed Care

Although the examiners believe MSLIC meets the criteria of a managed care plan as defined in s. 609.01 (3c), Wis. Stat. based on the type of group insurance product that it markets in Wisconsin, MSLIC responded to the OCI regarding compliance with Wisconsin's managed care laws by stating it does not provide a managed care plan as defined under s. 609.01 (3c), Wis. Stat. because it does not manage, own, contract with, or employ providers.

Section Ins 9.42, Wis. Adm. Code requires all preferred provider plans, unless exempted, to comply with ss. 609.15, 609.22, 609.24, 609.30, 609.32, 609.34, and 609.36, Wis. Stat. and to establish a compliance program and procedures to verify compliance. Section Ins 9.42 (4), Wis. Adm. Code requires an insurer that materially relies upon another party to carry out the functions under the sections listed above to contractually require that the other party carry out those functions. An insurer is required to enforce the provisions in such contracts, include in its company compliance program provisions to monitor, supervise and audit the performance of the other party, maintain management reports and records to monitor, supervise and audit the other party's performance, and regularly audit the other party's compliance with the contract provisions.

Although MSLIC's provider network agreements contain wording that requires the parties to the contract to comply with all applicable federal and state laws and regulations, the agreements do not specifically address Wisconsin's managed care regulations. The agreements also do not address compliance programs or MSLIC's auditing of these networks. MSLIC indicated that it does not have a formal compliance plan or an internal audit plan.

18. It is recommended that MSLIC establish and operate a compliance program that provides reasonable assurance that the insurer is in compliance with ss.

632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. as required by s. Ins 9.42 (2) (a), Wis. Adm. Code.

19. It is recommended that MSLIC establish and operate a compliance program that provides reasonable assurance that any violations of ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. are detected and timely corrections are taken by the insurer as required by s. Ins 9.42 (2) (b), Wis. Adm. Code
20. It is recommended that MSLIC establish and operate a compliance program that includes regular internal audits, including regular audits of any contractors or subcontractors who perform functions relating to compliance with ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. as required by s. Ins 9.42 (3), Wis. Adm. Code.
21. It is recommended that MSLIC amend its provider network agreements to require its provider networks to carry out the functions required under ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. as required by s. Ins 9.42 (4) (a), Wis. Adm. Code.
22. It is recommended that MSLIC enforce the contractual provisions required under s. Ins 9.42 (4) (a), Wis. Adm. Code as required by s. Ins 9.42 (4) (b), Wis. Adm. Code.
23. It is recommended that MSLIC include in its compliance program provisions to monitor, supervise and audit the performance of the provider networks as required by s. Ins 9.42 (4) (c), Wis. Adm. Code.
24. It is recommended that MSLIC maintain management reports and records to monitor, supervise, and audit the performance of the provider networks' as required by s. Ins 9.42 (4) (d), Wis. Adm. Code.
25. It is recommended that MSLIC include and enforce contractual provisions in provider network contracts, which require the provider networks to give the OCI access to documentation demonstrating compliance with ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat as required by s. Ins 9.42 (4) (e), Wis. Adm. Code.
26. It is recommended that MSLIC regularly audit compliance with contract provisions including audits of internal working papers and reports as required by s. Ins 9.42 (4) (f), Wis. Adm. Code.

In answer to the managed care interrogatory, MSLIC stated that it does not notify the medical examining board or other affiliated credentialing board of any discipline taken against a participating provider.

27. It is recommended that MSLIC institute procedures to ensure that the medical examining board and other affiliated credentialing boards are notified of any discipline taken against a participating provider as required by s. 609.17, Wis. Stat.

MSLIC states that because it does not believe it is a managed care plan, it does not fall under the requirements of or does it need to comply with the access standards in s. 609.22, Wis. Stat. In response to the managed care interrogatory regarding compliance with s. 609.22 (1), Wis. Stat. concerning access to care and adequate choice among participating providers, MSLIC stated that enrollees can choose from any in-network or out-of-network provider. In response to an exception regarding compliance with s. 609.22 (1), Wis. Stat., MSLIC stated that because they are not an HMO they do not control the extent of services of a provider within a network and that the networks they contract with assure MSLIC that all services are adequately covered by the network.

28. It is recommended that MSLIC institute procedures to ensure that there is adequate access to care within a provider network pursuant to s. 609.22 (1), Wis. Stat.

MSLIC is accessible by telephone between 7:30 a.m. and 5:30 p.m. Monday through Friday. Enrollees can leave messages on voice mail during non-business hours and messages are responded to during the following business day. The company does not have telephone access during sufficient evening hours to allow an enrollee to have adequate access to routine health care services for covered benefits of the plan. MSLIC does not provide 24-hour telephone access to the plan or participating providers for emergency care, or authorization for care for coverage provided by the plan.

29. It is recommended that MSLIC develop and follow specific access standards to provide adequate telephone access for its enrollees as required by s. 609.22 (7), Wis. Stat.

MSLIC provides spanish-speaking customer service representatives to aid spanish-speaking enrollees. The company states it does not request or obtain information concerning members who may be within the definition of an underserved population.

30. It is recommended that MSLIC develop and follow an access plan to meet the needs, with respect to covered benefits, of its enrollees who are members of underserved populations as required by s. 609.22 (8), Wis. Stat.

MSLIC states it contracts with the provider network and not directly with providers. It does not have a procedure to notify enrollees of changes in providers in a network. It does state it will continue to pay at the in-network level if the network notifies it that a provider is no longer in-network. MSLIC does not have a specific plan or procedure for complying with the continuity of care requirements of s. 609.24, Wis. Stat. The company states it requires the enrollee to confirm whether the provider is still in the

network and that the company will only pay benefits at the applicable level, either in-network or out-of-network.

31. It is recommended that MSLIC develop and follow a procedure to provide continuity of care as required by s. 609.24, Wis. Stat. and s. Ins 9.35 (1), Wis. Adm. Code.

The company states it is not aware of situations when coverage will not be required or where it will be discontinued when certain criteria are met, and that it depends on the provider network to notify it of these situations.

32. It is recommended that MSLIC develop and follow a procedure regarding circumstances where the company would not provide coverage to ensure continuity of care as required by s. 609.24 (2) (d), Wis. Stat. and s. Ins 9.35 (2), Wis. Adm. Code.

MSLIC does not include language in its provider contracts addressing reimbursement to providers for continuity of care services rendered under s. 609.24, Wis. Stat.

33. It is recommended that MSLIC include in its provider contracts provisions addressing reimbursement to out-of-network providers for services rendered under a continuity of care situation as required by s. 609.24, Wis. Stat.

The contracts between MSLIC and its provider networks do not address reimbursement, and the company does not explain who will pay the provider, and according to what terms reimbursement is made.

34. It is recommended that MSLIC amend its provider contracts to include a provision that addresses who will pay the provider and according to what terms the reimbursement will be made as required by s. 609.24 (1) (e), Wis. Stat.

New Health Business and Underwriting

The MSLIC underwriting area is under the fully insured group administration department. New health business files that have had the enrollment information compiled in the sales/marketing department are routed to the group administration department for completion. Each employer group file is color coded to designate the group size of one-life, 2 – 15, or 16+. Once the group information has been logged onto an Excel spreadsheet, the file is routed to underwriting for risk assessment. The underwriter will assign a risk tier to the group and a rate acceptance form is sent to the agent. If the group accepts the rate, the group administration support staff will put the file through a final screening, the policy will be activated, and the approval letter will be released. ID cards and certificates are generated

overnight upon policy activation and are then sent out. Coverage becomes effective either on the 1st or the 15th of a month.

Coverage for one-life non-agri business is renewed on an annual basis. The actuarial department supplies a list of renewal groups and loss ratios to the renewal team in the group administration department. The renewal team assesses the renewal tier for the group and the actuarial department implements the tier assessment and new rates. Renewal letters are sent 60 days prior to renewal dates. One-life agri business is renewed on a 6-month basis. Renewal letters are sent 60 days prior to the renewal date if the premium increase is greater than 25%, or 30 days prior to the renewal date if the premium increase is less than 25%.

Coverage for groups of 2 and larger is renewed on the group's 12-month anniversary. The actuarial department supplies to the group administration department a list of renewal groups, additional reports on the group regarding loss ratio and large claims, and information for renewal rates. The renewal team reviews the reports and information and assigns a renewal rate percentage. The renewal information is released to the group and is effective on the group's anniversary date.

The group administration department uses weekly and monthly reports that include data on pending, approved and withdrawn groups; performance standards; new business distribution; turnaround time; average renewal increase; and month end pending inventory.

The examiners reviewed a sample of 50 small employer group files issued. None of the sample files contained the disclosure, required by s. Ins 8.44 (2), Wis. Adm. Code that is to be given small employers when a policy is issued, informing the small employer that the protections under s. 635, Wis. Stat. will cease to apply if the employer ceases to be a small employer or moves the business out of Wisconsin. The company states that this requirement is effectively met by provisions in the policy itself and information contained in the rating and renewability disclosure statement required by s. 635.11 Wis. Stat, signed prior to the application being completed.

35. It is recommended that MSLIC develop and use a written small employer disclosure form that includes the language required by s. Ins 8.44 (2), Wis. Adm. Code.

MSLIC requires that a small employer be in business a minimum of 6 months before the employer can apply for and receive health insurance coverage.

36. It is recommended that MSLIC accept any small employer in the state that applies for a group health benefit plan pursuant to s. 635.19 (1) (a) 1, Wis. Stat.

The examiners reviewed a sample of 50 one-life group files issued and 50 one-life group files not issued. The examiners found six one-life group files that did not include a date on the application forms. The examiners found one file that did not have the authorization to obtain medical information signed or dated. The company stated that it did not request the signature or date because it did not require medical information for this applicant.

The examiners reviewed a sample of 50 small employer group files issued and 50 small employer group files not issued. The examiners found one file where MSLIC used an enrollment form that was outdated and non-compliant with s. Ins 8.65 (2) (c), Wis. Adm. Code in that the waiver language did not contain a statement describing the consequences of the waiver election. The examiners found one file in the small employer sample that was verified by MSLIC as a large group. The examiners found two files that did not contain supporting documentation to verify coverage was offered to all eligible employees.

37. It is recommended that MSLIC ensure that its small employer waiver form includes language describing the consequences which may be imposed on late enrollees as required by s. Ins 8.65 (2) (c), Wis. Adm. Code.
38. It is recommended that MSLIC develop and follow a procedure to ensure supporting documentation verifying coverage was offered to all eligible employees is obtained and kept in the file pursuant to s. Ins 8.65 (1), Wis. Adm. Code.

The examiners requested a sample of 50 large employer issued files and received and reviewed 49 files. The examiners found 3 files where individuals that were not agents listed with MSLIC signed the applications.

39. It is recommended that MSLIC follow its internal procedures to ensure that all applications for coverage are signed by an agent listed with the company pursuant to s. Ins 6.57, Wis. Adm. Code.

The examiners found 9 files in the large group issued sample that MSLIC verified were small employer groups, but that the company had erroneously identified as large groups.

40. It is recommended that MSLIC develop procedures to correctly identify and report to the OCI small employer business pursuant to s. 628.34 (1), Wis. Stat.

Producer Licensing

MSLIC exclusively uses independent agents to sell its products. These agents are assigned a company regional director for supervision. All producing agents must be listed with the company. MSLIC does not accept brokered business. Regional directors recruit new agents. MSLIC does not conduct background checks on new agents. The regional director, using an agent product kit, provides the training for the agents in the field. Agents are authorized to collect only the initial payment for a policy or contract and agents do not have check cashing authority. MSLIC uses special mailings or the company quarterly agent newsletter to inform its agents of new products. While the company may send a bulletin to agents regarding Wisconsin insurance law changes, the company expects its agents to be responsible for keeping current with new legislation in the area the agent writes business. The company does not use telemarketers to sell its products.

MSLIC has an agent database that includes the listing and licensing status of its agents. The company maintains a corresponding paper file for its agents as well. The company states it maintains files, which include OCI 11-001 and OCI 11-011 forms, for all active, inactive, and terminated agents. The inactive and terminated agent files are maintained for 7 years in an offsite storage area.

MSLIC stated that it works with the respective regional director to follow up on any complaints against agents. Copies of any letters regarding disciplinary action are kept in the agent file. MSLIC states that when notified by the OCI of an agent's license termination, whether due to revocation or suspension, including suspension for non-payment of license renewal fees or failure to meet continuing education requirements, the agent is either suspended or terminated, depending on the notice.

MSLIC has basic written internal procedures for maintaining agent files. These procedures do not include instructions for verifying company information with OCI information. MSLIC also verified that it does not have a written procedure for reconciling company records, nor does it reconcile company records with the OCI's renewal billing for listing fees.

The examiners made a one-to-one comparison of the names on OCI's listing of MSLIC's agents with those names on the company's internal agent list. The examiners found that 204 of the total agents that the OCI showed as listed were also terminated, pursuant to s. Ins 6.57, Wis. Adm. Code, with the company during the period under review. MSLIC supplied data for this examination that did not report these agents as having been listed at any time during the period under review. Using the comparison of

the OCI's records and the records supplied by MSLIC, the examiners found twelve agents that were not listed with the company per OCI's records, but that MSLIC had on its system as active agents. The examiners found one terminated agent file that did not contain the form OCI 11-011. The company stated that it does not retain the form OCI 11-011 in the agent files beyond the point of receiving the state validation report.

41. It is recommended that MSLIC improve existing procedures to ensure that the company reconciles and maintains agent information to coincide with the OCI agent database as required by s. 628.11, Wis. Stat. and s. Ins 6.57 (1), Wis. Adm. Code.

Using the comparison of the OCI's records and the records supplied by MSLIC, the examiners found 115 agents that the OCI records indicated were listed with MSLIC. The company's files do not show these agents as listed. The examiners found that the agents were terminated from company records but OCI was not notified of the terminations.

42. It is recommended that MSLIC improve existing procedures to ensure that the company notifies the OCI of agent terminations from the company as required by s. 628.11, Wis. Stat. and s. Ins 6.57 (2), Wis. Adm. Code.

The examiners reviewed 25 agent files. Three of the 25 agent files reviewed by the examiners contained information for out-of-state agents. Four of the agent files contained termination letters that did not have a request for return of indicia.

43. It is recommended that MSLIC develop and follow a procedure to ensure that agent termination letters contain a request for return of indicia as required by s. Ins 6.57 (2), Wis. Adm. Code.

Terminations, Nonrenewals, and Cancellations

MSLIC has procedures in place for informing policyholders and certificateholders of cancellations, nonrenewals, or terminations. The examiners reviewed these procedures as well as examples of the letters, notices and other materials used to inform the policyholders and certificateholders. No exceptions were noted.

The examiners reviewed the HIRSP notification used by MSLIC during the period under review when coverage is denied. This notice suggests only that coverage may be available under the state plan and lists the toll-free telephone numbers for Wisconsin, Minnesota, Indiana, Illinois, and Iowa.

44. It is recommended that MSLIC use a notification of a risk-sharing plan that is specific to Wisconsin which states the eligibility requirements and the

method of applying for coverage under the plan in order to comply with s. 632.785, Wis. Stat.

Claims Administration

Claims are processed in the fully-insured health claims section of the group operations department at MSLIC. This section is divided up into examination teams. Monthly reports are generated for upper management that provides a summary of claims processed on a rolling six-month period.

MSLIC handles most paper claim processing by scanning the paper documents and sending the images to the claims processing section. Scanned claims are stored online for one year and then archived to CD for 6 years. Paper forms for scanned claims are kept for up to 120 days and then purged after scanning verification is completed. Paper claims that are not scanned are stored for six months on site and then moved to off-site storage for an additional 6½ years. The company also accepts claims submitted electronically from two clearinghouses and several direct provider connections. MSLIC uses an outside database for determining the usual and reasonable charge for medical and dental services, an unbundling and bundling software program, and additional software to find, document, and validate codes required for billing of medical claims.

Interest is paid on all claims that take longer than 30 days to process. Interest payments are calculated by the examiner using an online worksheet. The interest amount is then added by the examiner as an extra entry on the claim and processed with the claim payment.

The examiners requested 100 denied claim files and received and reviewed 98 files. Thirteen files were found to have been denied over 30 days. The examiners requested 100 paid claim files and received and reviewed 99 files. Thirteen claims were found to have been processed in over 30 days and therefore interest was due. The company stated that only three of the thirteen claims had interest amounts due of over \$5.00. If, after the original claim payment has already been made, it is found that interest is due, the company stated that it only pays interest in amounts over \$5.00.

45. It is recommended that MSLIC pay all interest amounts on overdue claim payments pursuant to s. 628.46, Wis. Stat.

The examiners reviewed the Explanation of Benefit (EOB) forms used by MSLIC. The examiners verified that the grievance language used is compliant with s. Ins 9.33 (2), Wis. Adm. Code in that the EOB offers to enrollees the right to file a grievance to appeal the denial of payment of claims.

IV. SUMMARY OF RECOMMENDATIONS

Policy Forms

1. Page 7 It is recommended that MSLIC submit all forms subject to s. 631.01 (1), Wis. Stat. to the commissioner for approval prior to their use as required by s. 631.20, Wis. Stat.
2. Page 7 It is recommended that MSLIC rewrite the language in the enrollment form (MNGH27 0198) to comply with ss. 610.70 (2) (a) 7 and 8, Wis. Stat., and refile the form with OCI for approval within 30 days after this report is adopted.
3. Page 8 It is recommended that MSLIC amend certificate GH 862C (12/98) WI in order to comply with s. 631.83 (3) (a), Wis. Stat., and refile the form with OCI for approval within 30 days after this report is adopted.
4. Page 8 It is recommended that MSLIC amend the language in medical examination questionnaire SLIP.004 0593 to be compliant with s. 631.90 Wis. Stat. and s. Ins 3.53 (4), Wis. Adm. Code, and refile the form with OCI for approval within 30 days after this report is adopted.

Marketing and Advertisements

5. Page 8 It is recommended that MSLIC institute procedures to ensure that there is a complete file in which advertisements are kept as required by s. Ins 3.27 (28), Wis. Adm. Code.
6. Page 9 It is recommended that the company develop and implement procedures to monitor or control its agents' web sites to ensure their compliance with s. Ins 3.27, Wis. Adm. Code.
7. Page 9 It is recommended that the company maintain hard copy screen prints of any web site pages in its advertising file as required by s. Ins 3.27 (28), Wis. Adm. Code.

Grievances

8. Page 11 It is recommended that MSLIC revise its grievance procedure to state a grievance will be acknowledged within 5 days of receipt of the grievance as required by s. Ins 9.33 (3), Wis. Adm. Code.
9. Page 11 It is recommended that the company develop and implement a written expedited grievance procedure as required by s. Ins 9.33 (6), Wis. Adm. Code.
10. Page 11 It is recommended that MSLIC revise its grievance procedure to include notifying an enrollee of the right to file a grievance when the company begins disenrollment proceeding in order to comply with s. Ins 9.33 (2), Wis. Adm. Code.
11. Page 12 It is recommended that the company comply with s. Ins 9.33, Wis. Adm. Code by handling each written expression of dissatisfaction through the company grievance process.
12. Page 12 It is recommended that the company send extension letters that notify grievants that additional time is needed to resolve the grievance as required by s. Ins 9.33 (4), Wis. Adm. Code.
13. Page 12 It is recommended that the company send grievance resolution letters to the grievant as required by s. Ins 9.33 (5) (g), Wis. Adm. Code.
14. Page 12 It is recommended that the company date stamp written expressions of dissatisfaction to record the received date of the grievance in order to comply with s. Ins 9.33 (7), Wis. Am. Code.
15. Page 12 It is recommended that the company retain records for each grievance as required by s. Ins. 9.33 (7) (a), Wis. Adm. Code.

16. Page 12 It is recommended that MSLIC set up controls to ensure that the Grievance Experience Summary filed annually with the commissioner agrees with supporting documents pursuant to s. 628.34 (1), Wis. Stat.
17. Page 13 It is recommended that the company include in the contracts it has with provider networks a provision under which the provider must identify complaints and grievances and forward them in a timely manner to the preferred provider plan for recording and resolution as required by s. Ins 9.33 (7) (b), Wis. Adm. Code.

Managed Care

18. Page 13 It is recommended that MSLIC establish and operate a compliance program that provides reasonable assurance that the insurer is in compliance with ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. as required by s. Ins 9.42 (2) (a), Wis. Adm. Code.
19. Page 13 It is recommended that MSLIC establish and operate a compliance program that provides reasonable assurance that any violations of ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. are detected and timely corrections are taken by the insurer as required by s. Ins 9.42 (2) (b), Wis. Adm. Code.
20. Page 14 It is recommended that MSLIC establish and operate a compliance program that includes regular internal audits, including regular audits of any contractors or subcontractors who perform functions relating to compliance with ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. as required by s. Ins 9.42 (3), Wis. Adm. Code.
21. Page 14 It is recommended that MSLIC amend its provider network agreements to require its provider networks to carry out the functions required under ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat. as required by s. Ins 9.42 (4) (a), Wis. Adm. Code.
22. Page 14 It is recommended that MSLIC enforce the contractual provisions required under s. Ins 9.42 (4) (a), Wis. Adm. Code as required by s. Ins 9.42 (4) (b), Wis. Adm. Code.
23. Page 14 It is recommended that MSLIC include in its compliance program provisions to monitor, supervise and audit the performance of the provider networks as required by s. Ins 9.42 (4) (c), Wis. Adm. Code.
24. Page 14 It is recommended that MSLIC maintain management reports and records to monitor, supervise, and audit the performance of the provider networks' as required by s. Ins 9.42 (4) (d), Wis. Adm. Code.
25. Page 14 It is recommended that MSLIC include and enforce contractual provisions in provider network contracts, which require the provider networks to give the OCI access to documentation demonstrating compliance with ss. 632.83, 609.22, 609.24, 609.30, 609.32, 609.34 and 609.36, Wis. Stat as required by s. Ins 9.42 (4) (e), Wis. Adm. Code.
26. Page 14 It is recommended that MSLIC regularly audit compliance with contract provisions including audits of internal working papers and reports as required by s. Ins 9.42 (4) (f), Wis. Adm. Code.
27. Page 14 It is recommended that MSLIC institute procedures to ensure that the medical examining board and other affiliated credentialing boards are notified of any discipline taken against a participating provider as required by s. 609.17, Wis. Stat.
28. Page 15 It is recommended that MSLIC institute procedures to ensure that there is adequate access to care within a provider network pursuant to s. 609.22 (1), Wis. Stat.

29. Page 15 It is recommended that MSLIC develop and follow specific access standards to provide adequate telephone access for its enrollees as required by s. 609.22 (7), Wis. Stat.
30. Page 15 It is recommended that MSLIC develop and follow an access plan to meet the needs, with respect to covered benefits, of its enrollees who are members of underserved populations as required by s. 609.22 (8), Wis. Stat.
31. Page 15 It is recommended that MSLIC develop and follow a procedure to provide continuity of care as required by s. 609.24, Wis. Stat. and s. Ins 9.35 (1), Wis. Adm. Code.
32. Page 16 It is recommended that MSLIC develop and follow a procedure regarding circumstances where the company would not provide coverage to ensure continuity of care as required by s. 609.24 (2) (d), Wis. Stat. and s. Ins 9.35 (2), Wis. Adm. Code.
33. Page 16 It is recommended that MSLIC include in its provider contracts provisions addressing reimbursement to out-of-network providers for services rendered under a continuity of care situation as required by s. 609.24, Wis. Stat.
34. Page 16 It is recommended that MSLIC amend its provider contracts to include a provision that addresses who will pay the provider and according to what terms the reimbursement will be made as required by s. 609.24 (1) (e), Wis. Stat.

New Health Business and Underwriting

35. Page 17 It is recommended that MSLIC develop and use a written small employer disclosure form that includes the language required by s. Ins 8.44 (2), Wis. Adm. Code.
36. Page 17 It is recommended that MSLIC accept any small employer in the state that applies for a group health benefit plan pursuant to s. 635.19 (1) (a) 1, Wis. Stat.
37. Page 18 It is recommended that MSLIC ensure that its small employer waiver form includes language describing the consequences which may be imposed on late enrollees as required by s. Ins 8.65 (2) (c), Wis. Adm. Code.
38. Page 18 It is recommended that MSLIC develop and follow a procedure to ensure supporting documentation verifying coverage was offered to all eligible employees is obtained and kept in the file pursuant to s. Ins 8.65 (1), Wis. Adm. Code.
39. Page 18 It is recommended that MSLIC follow its internal procedures to ensure that all applications for coverage are signed by an agent listed with the company pursuant to s. Ins 6.57, Wis. Adm. Code.
40. Page 18 It is recommended that MSLIC develop procedures to correctly identify and report to the OCI small employer business pursuant to s. 628.34 (1), Wis. Stat.

Producer Licensing

41. Page 20 It is recommended that MSLIC improve existing procedures to ensure that the company reconciles and maintains agent information to coincide with the OCI agent database as required by s. 628.11, Wis. Stat. and s. Ins 6.57 (1), Wis. Adm. Code.
42. Page 20 It is recommended that MSLIC improve existing procedures to ensure that the company notifies the OCI of agent terminations from the company as required by s. 628.11, Wis. Stat. and s. Ins 6.57 (2), Wis. Adm. Code.

43. Page 20 It is recommended that MSLIC develop and follow a procedure to ensure that agent termination letters contain a request for return of indicia as required by s. Ins 6.57 (2), Wis. Adm. Code.

Terminations, Nonrenewals, and Cancellations

44. Page 20 It is recommended that MSLIC use a notification of a risk-sharing plan that is specific to Wisconsin which states the eligibility requirements and the method of applying for coverage under the plan in order to comply with s. 632.785, Wis. Stat.

Claims Administration

45. Page 21 It is recommended that MSLIC pay all interest amounts on overdue claim payments pursuant to s. 628.46, Wis. Stat.

V. CONCLUSION

The findings in this examination report raise concerns regarding MSLIC's compliance with Wisconsin managed care law. As summarized in the Summary of Recommendations section of this report, the market conduct examination of MSLIC resulted in 45 recommendations in the areas of policy forms; marketing and advertising/e-commerce; grievances; managed care; new health business and underwriting; producer licensing; terminations, nonrenewals and cancellations; and claims administration.

VI. ACKNOWLEDGMENTS

The cooperation and courtesy extended by the officers and employees of the company to the examiners during the course of the examination is hereby acknowledged.

In addition to the undersigned, the following personnel from the Office of the Commissioner of Insurance participated in the examination and preparation of this report.

Larry Schlinkert, Insurance Examiner

Pam Ellefson, Insurance Examiner

Kristy Jacobson, Insurance Examiner

Jo Leduc, Insurance Examiner

Respectfully submitted,

Marcia Zimmer
Examiner-in-Charge